

Miami Valley Dance Center Automatic Payment by Credit Card Authorization Form

Student's Name _____ Dancer Account # _____

1. Cardholders Name _____

2. Please check the type of card that you wish to authorize for transactions:

☐ VISA ☐ MasterCard ☐ Discover

3. Bank Name on Credit Card: _____

4. Bank Phone Number of Credit Card: _____

5. Credit Card #: _____

6. Expiration Date on Credit Card: _____

7. 3 Digit Security Code: _____

8. Billing Address of Credit Card Holder:

9. Phone Number of Credit Card Holder: _____

10. I authorize this information to be kept on file for future use. Yes ____ No ____

11. I authorize Miami Valley Dance Center to charge my credit card for all fees incurred during the course of instruction. If Miami Valley Dance Center is unable to process my payment, I will be responsible for an alternate payment arrangement and any late fee which results after the 9th of the month.

By signing this authorization, I acknowledge that I have read and agree to all of the above. All information given is complete and accurate and I am authorized to use this credit card.

Signature of Card Holder: _____

Printed Name of Card Holder: _____

Date of Signature: _____

Email Address: _____